FEC FORM 1

## STATEMENT OF ORGANIZATION

FOR	RM 1		ORGANIZATION									
				(See instru	ctions)				Of	ffice use only		
1. NAME	OF MITTEE (i	n full)		(Check if name is changed)	Exa over	mple: If typying, to the lines	type	12FE4	IM5			
Covid	dien (U.	S.) Politi	cal Action	Committee								
ADDRESS	(number an	d street)	900 7	th Street N.V	/. Suite 97	/ /5	<del>                                     </del>	<u> </u>		1 1 1		
(Che	eck if addre anged)	,	Wash	ington				L DC	Lı	20001	 	
					CITY▲			STATE		ZIP (	CODE 4	•
(Che	EE'S E-M eck if addre anged)			provide only one								<u>ш</u>
COMMITTI	EE'S WE	B PAGE A	DDRESS (UI	RL)								
,	eck if addre anged)	ss				11111	1 1 1	1 1 1	1 1 1			
2. DATE	M <sub>0</sub>	M / C	13 / Y	<sup>Y</sup> 2011								
3. FEC IDENTIFICATION NUMBER C C00433490												
4. IS THI	IS STATE	MENT	NEW	(N) OF	X	AMENDE	D (A)					
I certify that	I have exa	mined this S	Statement and	to the best of my	knowledge ar	nd belief it is true, (	correct and	d complete				
Type or Pri	nt Name o	of Treasure	er <u>K</u>	evin DaSilva								
Signature c	of Treasur	er El <u>ec</u> i	ronically Filed	by <b>Kevin D</b>	)aSilva		_	Date	<b>0</b> 4	13	/ Y	2 0 1 1
NOTE: Subi	mission of	false, erron				he person signing				of 2 U.S.C.	§437g.	
	Office Use Only					For further information Federal Election Toll Free 800-42 Local 202-694-1	Commiss 4-9530			FEC F		